

Battell (H. W.)

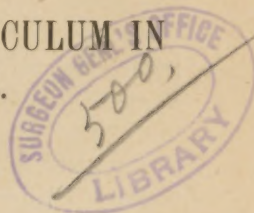
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of typhoid fever.



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PERFORATION OF MECKEL'S DIVERTICULUM IN A CASE OF TYPHOID FEVER.

By HENRY W. CATTELL, A.M., M.D.



THE length of the ileum from the ileo-cæcal valve to the centre of the diverticulum was $148\frac{1}{2}$ centimetres. From the mesenteric attachment to the top of the diverticulum was 5.8 centimetres by 3.1 centimetres across, the transverse diameter of the flattened bowel being on the gastric end 2.8 centimetres, and on the valvular end 2.9 centimetres. This would make the diverticulum proper 3 centimetres to 2.9 centimetres in length and 3.1 centimetres across. There was a well-defined ovoidal longitudinal opening opposite the mesenteric attachment from the intestine into the diverticulum of about 2 centimetres in length by $1\frac{1}{2}$ centimetres in breadth. The intestines were firmly matted down together by fibro-plastic lymph in the median line, near the symphysis pubis. Two of the perforations hereafter to be described were discovered *in situ*. The one in the Meckel's diverticulum was not discovered by myself until the gut had been removed by the resident physician from the body, preparatory to washing. The first perforation was double and was 42 centimetres from the ileo-cæcal valve, situated in a Peyer's patch, the gut being much thinned out at this point. The second one was $17\frac{1}{2}$ centimetres farther up, while the third was situated deep down in the diverticulum, in the ileo-cæcal end, the blood-vessels on the serous coat being deeply injected. The diverticulum had evidently been in the agglutinated mass, where peritonitis had occurred, as lymph was freely attached to its serous surface, and a large ulcer was found just beneath the perforation in the diverticulum. Numerous ulcers were situated near the opening of the diverticulum, one towards the valve being large and angry-looking, ovoid in shape, with roughened and undermined edges. Another ulcer, longitudinal in direction towards

the mesenteric attachment, was also in a precarious condition. Many of the ulcers were in the transverse diameter, circular and crater-like, while most had assumed an elliptical form, though at times they were very irregular in outline. They were by no means confined to the Peyer's patches, but were found in any part of the intestine. There were ulcers in the caput coli which were evidently undergoing cicatrization. In my opinion, the man was suffering from a relapse of typhoid fever, as numerous ulcers were to be found scattered throughout the intestines varying from those which had almost entirely healed to those in which the perforation had occurred. The specimen was preserved for the museum.

